Washington Hatchery General Permit Appendix E

Permit No.: WAG-13-0000

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ANNU	AL REPORT OF OPERA Washington H	ATIONS FOR YEAR 2. Tatchery Permit	0/8				
I. Facility Name:	NPDES #						
Klickitat So	WAG 130021						
Operator Name (Permittee Yakina Na	Phone: 509-344-3310						
Address: 301. Fish							
Address: 301 Fish Glenwa	Fax: 509-364-3639 E-Mail: 0.16						
Owner Name (if different f	E-Mail: Layrau@ykfp.org						
II. Annual Production: Harvestable weight produced in the year 65,065 pounds							
III. Food used:  Number of pounds of food fed to the fish during the maximum month:  /0, 36.3 pounds							
IV. Noncompliance Su	mmary:						
Include description & dates of noncompliance (including spills), the reasons for such incident, and the steps taken to correct the problem. Attach additional pages, if necessary.							
none JAN 29 2010							
V. Best Management P	ractices (BMP) Plan	Office of Co	PA - REGION IN				
V. Best Management Practices (BMP) Plan  BMP Plan has been reviewed this year?  BMP Plan fulfills the requirements set forth in the permit: Yes No  Summarize changes in the BMP Plan since last annual report Attach additional pages, if necessary.  The BMP was Filed at the Klickitat Hatcherf on  October 1, 2018. No changes have occurred since Filing.							
VI. Solid Waste Disposal							
Type of Solid Waste	Method of Disposal	When	Where				
Fish mortalite	mechanically	as needed	earther pit/quicklim				
Silt, Fishwaste	mechanically	as needed	pollution abatement				
silt; Fishwas from	mechanically	Morel, april, May, June July + august	land Fill				
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VII. Fish Mortalities Include description & dates of mass mortalities (more than 5%/week), the reasons for each incident, and the steps taken to correct the problem. Attach additional pages, if necessary. Include total mortalities from all causes. Date Cause of deaths Pounds of fish June, July, augus sarplus + mortalities 8934 VIII. Chemical Usage (including drugs and pesticides) Chemicals used, number of days used, and maximum concentration in effluent. Yearly Total Jan, Feb., June July, aug, Sepr Oct. Nov. Dec March IX. Inspections and Repairs for production and wastewater treatment systems Date Inspected Date Repaired Description of system inspected and/or repaired measured For silt & cleaned mechanically 8/16/18 8/16/18 K. Signature & Certification "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gather and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations." COMPLEX MOR NATION PISHERS Signature: Title/Company: 1-9-18

## ANNUAL DISEASE CONTROL CHEMICAL USE RESORT

ADDRESS	akima Nation Fisheries			G/3	0021 IBER	]	DISCH	ARGE N	JMBER
FACILITY	Klickitat Hatchery			- 1	MONITO	RING	PERIO	PERIOD	
LOCATION 301 Fish Hatchery Rd. Glenwood, Wa. 98619		YEAR	MO	DAY		YEAR	MO	DAY	
MANAGEMENT OF THE PARTY OF THE		FROM		01	01	то		12	31

Chemical Used	Amount Used	Units	Notes
Terramycin ( 2.0 gm / lb of feed )	0	lbs of feed	
Terramycin ( 4.0 gm / lb of feed )	0	lbs of feed	
Terramycin ( gm / lb of feed )	0	lbs of feed	
Romet 30 ( 2.27 gm / lb of feed )	0	lbs of feed	
Forfenica 12.5 gm/lb of feed)	704	lbs of feed	treat coho For coldwater diseas
Erythromycin ( 2.25 gm / lb of feed )	0	lbs of feed	
Erythromycin ( 4.5 gm / lb of feed )	0	lbs of feed	
Erythromycin ( 4.2 gm / lb of feed )	0	gms	
Amoxicillin	0	gms	
Chloramine - T	0	lbs	
Formalin ( 37% Formaldehyde )	451	gal	For Fungus
Buffered lodophore ( 1% )	66	gal	disinfecting
MS-222	2994	grams	For Fungus disinfecting anestheticing Fish
Chlorine ( 12.5% )	0	gals	3
Chlorine (5.25% )	0	gals	
Sodium Thiosulfate	0	lbs	
Quarternary Ammonia ( 35% )	0	gal	
Erythromycin Injectable 200ml/L	0	ml	
draxzin	186	ml	injection to prevent baterical Kidney

For other chemicals used but not able to be listed on this form, please enclose as an attachment.

PERMITTEE NAME/ADDRESS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		DATE			
TASON/ COMPLEX RAU/ MGR	Jason Ra	01	09	18	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	MM	DD	YY	

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 11 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)